

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

U.S. APPLICATION NO. (If known, see 37  
C.F.R. 1.52) **09/762876**

INTERNATIONAL APPLICATION NO.  
**PCT/BR99/00047**

INT'L FILING DATE

**June 17, 1999**

PRIORITY DATE  
CLAIMED  
**August 11, 1998**

TITLE OF INVENTION: **MATRIX ANALOG SYSTEM FOR THE REPRODUCTION OF IMAGE**

APPLICANT(S) FOR DO/EO/US: **GOUVEA, Nereu et al.**

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.
3. ☐ This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).

☒ A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.

- ☒ A copy of the International Application as filed (35 U.S.C. 371(c)(2))
- a. ☒ is transmitted herewith (required only if not transmitted by the International Bureau).
  - b. ☒ has been transmitted by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).

A translation of the International Application into English (35 U.S.C. 371(c)(2)).

Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))

- a. ☐ are transmitted herewith (required only if not transmitted by the International Bureau).
- b. ☐ have been transmitted by the International Bureau.
- c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
- d. ☐ have not been made and will not be made.

A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).

An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).

A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

Items 11 to 16 below concern other document(s) or information included:

11. ☒ An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.
12. ☒ An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.
13. ☒ A FIRST preliminary amendment.
- ☐ A SECOND or SUBSEQUENT preliminary amendment.
14. ☐ A substitute specification.
15. ☐ A change of power of attorney and/or address letter.

16. ☒ Other items or information:

- a. ☐ Submission Under 37 C.F.R. 3.73(b)
- b. ☒ Power of Attorney
- c. ☒ International Publication No. WO 00/10319
- d. ☒ Notice Informing the Applicant of the Communication of the International Application to the Designated Offices

- e. ☒ Notification of Transmittal of International Examination Report
- f. ☒ International Search Report
- g. ☒ Notification of Receipt of Demand by Competent International Preliminary Examining Authority
- h. ☒ Notification Concerning Submission or Transmittal of Priority Doc.
- i. ☒ Information Concerning Elected Offices Notified of their Election

| U.S. APPLICATION NO. (If known, rec. 37 C.F.R. 1.137)<br><b>09/762876</b>  |  | INTERNATIONAL APPLICATION NO.<br>PCT/BR99/00047 |  | ATTORNEY'S DOCKET NUMBER<br>G334.312-1 |              |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
|--|--|---|--|--|--------------|--------------|------------|-----|--|--------------|----------|---|------------|-----|--|-------------|---------|---|------------|-----|--|--|--|--|------------|-----|--|---|--|--|--|--|--|-----------------------------|--|--|--|---|-----------|--|--|--|--|--|--|------------|--|--|--|--|----------|---|--|--|--|--|--|----------------------|--|--|--|--|----------|---|--|--|--|--|--|-----------------------|--|--|--|--|----------|--|--|--|--|------------------------|----|--|--|--|--|----------|----|
| 17. [X] The following fees are submitted:<br>BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5)):<br><br>International preliminary examination and search fees not paid to USPTO and International Search Report not prepared by the EPO or JPO ..... \$ 1000.00<br>International Search Report prepared by the EPO or JPO ..... \$ 860.00<br>International search fee paid to the USPTO ..... \$ 710.00<br>International preliminary examination fee paid to USPTO ..... \$ 690.00<br>International preliminary examination fee paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$ 100.00<br><br>ENTER APPROPRIATE BASIC FEE AMOUNT ..... = \$1000.00<br><br>Surcharge of \$130.00 for furnishing the oath or declaration later than 20 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Claims</th> <th style="width:15%;">Number Filed</th> <th style="width:15%;">Number Extra</th> <th style="width:15%;">Rate</th> <th style="width:15%;"></th> <th style="width:15%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>6 - 20 =</td> <td>0</td> <td>0X \$18.00</td> <td>\$0</td> <td></td> </tr> <tr> <td>Ind. Claims</td> <td>1 - 3 =</td> <td>0</td> <td>0X \$80.00</td> <td>\$0</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>+ \$270.00</td> <td>\$0</td> <td></td> </tr> <tr> <td colspan="4">Multiple dependent claim(s) (if applicable)</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS</td> <td>=</td> <td>\$1000.00</td> </tr> <tr> <td colspan="4">Reduction by 1/2 for filing by small entity, if applicable. Small Entity Statement must also be filed. (Note 37 C.F.R. 1.9, 1.27, 1.28).</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> <td></td> <td>\$500.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td></td> <td>\$500.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The Assignment must be accompanied by an appropriate cover sheet. (37 C.F.R. 3.28, 3.31). \$40.00 per property</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> <td></td> <td>\$540.00</td> </tr> <tr> <td colspan="4"></td> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td>Charged:</td> <td>\$</td> </tr> </tbody> </table> |  |   |  | Claims                                 | Number Filed | Number Extra | Rate       |     |  | Total claims | 6 - 20 = | 0 | 0X \$18.00 | \$0 |  | Ind. Claims | 1 - 3 = | 0 | 0X \$80.00 | \$0 |  |  |  |  | + \$270.00 | \$0 |  | Multiple dependent claim(s) (if applicable) |  |  |  |  |  | TOTAL OF ABOVE CALCULATIONS |  |  |  | = | \$1000.00 | Reduction by 1/2 for filing by small entity, if applicable. Small Entity Statement must also be filed. (Note 37 C.F.R. 1.9, 1.27, 1.28). |  |  |  |  |  | SUBTOTAL = |  |  |  |  | \$500.00 | Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)). |  |  |  |  |  | TOTAL NATIONAL FEE = |  |  |  |  | \$500.00 | Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The Assignment must be accompanied by an appropriate cover sheet. (37 C.F.R. 3.28, 3.31). \$40.00 per property |  |  |  |  |  | TOTAL FEES ENCLOSED = |  |  |  |  | \$540.00 |  |  |  |  | Amount to be refunded: | \$ |  |  |  |  | Charged: | \$ |
|  |  |   |  | Claims                                 | Number Filed | Number Extra | Rate       |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
|  |  |   |  | Total claims                           | 6 - 20 =     | 0            | 0X \$18.00 | \$0 |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
|  |  |   |  | Ind. Claims                            | 1 - 3 =      | 0            | 0X \$80.00 | \$0 |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
|  |  |   |  |  |              |              | + \$270.00 | \$0 |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| Multiple dependent claim(s) (if applicable)  |  |   |  |  |              |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| TOTAL OF ABOVE CALCULATIONS  |  |   |  | =                                      | \$1000.00    |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| Reduction by 1/2 for filing by small entity, if applicable. Small Entity Statement must also be filed. (Note 37 C.F.R. 1.9, 1.27, 1.28).   |  |   |  |  |              |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| SUBTOTAL =   |  |   |  |  | \$500.00     |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).  |  |   |  |  |              |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| TOTAL NATIONAL FEE =   |  |   |  |  | \$500.00     |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The Assignment must be accompanied by an appropriate cover sheet. (37 C.F.R. 3.28, 3.31). \$40.00 per property  |  |   |  |  |              |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| TOTAL FEES ENCLOSED =  |  |   |  |  | \$540.00     |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
|  |  |   |  | Amount to be refunded:                 | \$           |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
|  |  |   |  | Charged:                               | \$           |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| a. <input checked="" type="checkbox"/> A check in the amount of \$540.00 to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. 11-0982 in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 11-0982. A duplicate copy of this sheet is enclosed.   |  |   |  |  |              |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |
| NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b)) must be filed and granted to restore the application to pending status.  |  |   |  |  |              |              |            |     |  |              |          |   |            |     |  |             |         |   |            |     |  |  |  |  |            |     |  |   |  |  |  |  |  |                             |  |  |  |   |           |  |  |  |  |  |  |            |  |  |  |  |          |   |  |  |  |  |  |                      |  |  |  |  |          |   |  |  |  |  |  |                       |  |  |  |  |          |  |  |  |  |                        |    |  |  |  |  |          |    |

KINNEY & LANGE, P.A.  
 THE KINNEY & LANGE BUILDING  
 312 South Third Street  
 Minneapolis, Minnesota 55415-1002  
 Telephone: 612/339-1863 Telefacsimile: 612/339-6580

*Jeffrey D. Shewchuk*  
 Jeffrey D. Shewchuk; 37,235

Use Express Mail only on initial filing of national stage in the U.S. (371) or filing Missing Parts  
 Express Mail No.: EL705878629US

Date of Deposit: February 12, 2001